

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043380
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 101 Primary Registration District No. 5409 Registrar's No. 65

FILED DEC 9 1963

1. PLACE OF DEATH a. COUNTY <u>DOUGLAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WRIGHT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Miller Township</u>		c. CITY OR TOWN <u>MACOMB</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home of Son-Edsel</u>		d. STREET ADDRESS <u>Rt. 1</u>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>PARLEE Quessenberry</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>24</u> Year <u>1963</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-20-1882</u>	9. AGE (last birthday) <u>81</u>	10. IF UNDER 1 YEAR Months <u>8</u> Days <u>4</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>MACOMB MO</u>	
13a. FATHER'S NAME <u>Willis GRAY</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA Whittaker</u>		14. NAME OF HUSBAND OR WIFE <u>PAYTON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			17. INFORMANT <u>CORA Schlicher Wichita Kan.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u> <u>arteriosclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hr</u> <u>unknown</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <u>7:00</u> a.m. <u>00</u> p.m.	Month, Day, Year <u>24 Nov 1963</u>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>2100 N 19th St</u>	20f. CITY, TOWN, OR LOCATION <u>Springfield, Mo</u>	COUNTY <u>MACOMB</u>	STATE <u>MO.</u>
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21. I attended the deceased from <u>2100 N 19th St</u> to <u>24 Nov 1963</u> and last saw her alive on <u>24 Nov 1963</u> Death occurred at <u>7:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>Francis M. Maple M.D.</u>	22b. ADDRESS <u>Springfield, Mo</u>	22c. DATE SIGNED <u>2 Dec 1963</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>Nov. 24 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MACOMB</u>	23d. LOCATION (City, town, or county) <u>MACOMB</u>	(State) <u>MO.</u>
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24. FUNERAL DIRECTOR <u>Max & Miller Mortuaries</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 26-63</u>	26. REGISTRAR'S SIGNATURE <u>Uestel Buchanan</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

May L Miller

Licensed Embalmer No.

4720

P. O. Address

Mansfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.